

The Thalidomide Trust

Name of Policy	Safeguarding Policy
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1. Background/Introduction

The Thalidomide Trust is a registered charity regulated by the Charity Commission. The Charity Commission has made it clear that Safeguarding should be a key governance priority for all charities. It is an essential duty for trustees to take reasonable steps to safeguard beneficiaries of the Thalidomide Trust (and staff and volunteers) and protect them from abuse. This means protecting the rights of adults to live in safety, free from abuse and neglect. It is therefore essential that trustees:

- know their responsibilities
- have adequate measures in place to assess and address safeguarding risks
- have adequate safeguarding policies and procedures appropriate for the Trust's particular circumstances and which reflect both the law and best practice
- make sure that these policies and procedures are effectively implemented and regularly reviewed

In addition, the Care Act 2014 placed duties and responsibilities on every local authority to investigate allegations where an adult has needs for care and support (whether or not the local authority is meeting those needs) and as a result of those needs is unable to protect themselves against abuse or neglect or the risk of it. The Thalidomide Trust supports the principles in that Act and has incorporated them into the requirements of this policy.

While it is imperative that the Trust operates within the legal framework, we want to go beyond that to protect the beneficiaries from harm as we are aware that statutory services are under pressure and that their processes are not fail safe. The principle of achieving the best outcome for individual beneficiaries is fundamental to our response to any situation.

This Safeguarding Policy enables the Trust to take any steps necessary to achieve its aim of supporting every beneficiary to achieve the best possible quality of life. Specifically, it enables Trust staff to take steps to stop abuse of a beneficiary - be it, mental, physical or financial abuse, or to work with a beneficiary to minimise risk of abuse

2. What is Safeguarding?

Safeguarding is the term used to describe how adults and children are protected from abuse. It is an important shared priority of many public services and charities and a key responsibility of local authorities.

Safeguarding is about protecting certain people who may be in vulnerable circumstances. People may be at risk of abuse or neglect as a result of the actions (or lack of action) of another person.

This policy uses the term “adult at risk” rather than “vulnerable adult” so as not to wrongly imply that any fault for the abuse may lie with the victim of the abuse. The Care Act 2014 makes it clear that abuse of adults links to circumstances rather than the characteristics of the people experiencing the harm. Labelling groups of people as inherently ‘vulnerable’ is seen to be disempowering.

Beneficiaries may be at increased risk of abuse not just as a result of their disabilities, but also due to their access to funding through their Annual and Health Grants. This combination increases the risk of abuse and financial abuse in particular.

All the beneficiaries are adults and so any safeguarding concerns relating to beneficiaries will be raised with the police or local authority adult social services.

3. What is abuse?

Abuse and neglect can take many forms. It can lead to a violation of someone’s human and civil rights by another person and can be the result of an act or of a failure to act. It can occur when an adult at risk is persuaded into a financial or sexual exchange that they have not consented to, or are unable to consent to. Some forms of abuse are illegal and where we suspect a crime has been committed, we will refer the matter to the police.

Abuse can occur in any relationship and can result in significant harm or exploitation. It is a misuse of power and control that one person has over another. Where someone is dependent on another person there is the possibility of abuse or neglect unless sufficient safeguards are put in place.

Abuse can fall into the following categories¹:

Physical: Including assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times

Sexual: Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn’t consent to or was pressured into consenting.

Psychological: Including emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support networks.

Financial or material: Including theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions, Trust funds or benefits.

Modern slavery: This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.

Discriminatory: Including types of harassment or insults because of someone’s race, gender or gender identity, age, disability, sexual orientation or religion.

Organisational: Including neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone’s home. The abuse can be a one-off incident or repeated, on-going ill treatment. The abuse can be through neglect or poor professional practice, which might be because of structure, policies, processes and practices within an organisation.

Neglect and acts of omission: Including ignoring medical, emotional or physical care needs, failure to provide access to educational services, or not giving someone what they need to help them live, such as medication, enough nutrition and heating.

Self-neglect: This covers a wide range of behaviour which shows that someone isn't caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding.

¹ <https://www.gov.uk/government/publications/safeguarding-policy-protecting-vulnerable-adults/sd8-opgs-safeguarding-policy#what-is-abuse>

4. Who might be an abuser?

Adults at risk can be abused by anyone who has contact with them. This includes family members, professional staff, paid care workers, other adults at risk, volunteers, other service users, neighbours, friends and associates, people who deliberately take advantage of adults at risk, strangers and people who see an opportunity to abuse.

5. Spotting signs of financial abuse

The Thalidomide Trust has identified more instances of financial abuse than any other form of abuse. Financial abuse can occur in isolation, but external research has shown that where other forms of abuse take place, there is likely to be financial abuse too. Trust staff and volunteers need to consider this.

There are some signs that might show financial abuse is taking place:

- a change in a beneficiary's living conditions
- evidence of a beneficiary failing to maintain essential property, facilities, vehicles, equipment and other relevant matters such as maintenance contracts and insurance policies
- evidence of a beneficiary selling their possessions
- a beneficiary being unable to pay bills, or an unexplained lack of money
- repeated requests for emergency advances
- request for funds from third party acting on behalf of a beneficiary e.g. a family member
- large unexplained withdrawals from Trust funds over a short period of time
- financial documents being lost without a reason
- a beneficiary being cut off from family, friends or their social network
- a beneficiary's family or carer having more money to spend on things like clothes, travel or accommodation
- sudden changes to a beneficiary's bank account or how they draw down funds from the Trust
- new, recent authorised signers on a beneficiary's bank/building society account
- money being taken without permission from the beneficiary's ATM card
- sudden or unexpected changes to a beneficiary's Will or other financial documents

This list shows some of the signs (there can be others) that abuse might be taking place. If something on this list happens, it doesn't automatically mean a beneficiary is being abused – it just means we will look more closely at the situation.

As a result of the seriousness of a number of recently identified cases of financial abuse and the high risk of financial abuse of beneficiaries (given their access to Trust funds) we have put a number of additional safeguards in place to protect those beneficiaries at greatest risk. These are set out in detail in the 'Policy for Beneficiaries Who Lack Capacity' and the 'Policy for Beneficiaries whose finances are managed by a Third Party'.

In addition the Management Team may take action to protect the financial position of any beneficiary where there are concerns of financial abuse by reducing or suspending payments from the Trust (either entirely or subject to receipt of invoices) until appropriate financial safeguards are in place or adequate reassurance has been provided.

6. Risks of abuse

There are some things which might increase the risk of a beneficiary being abused:

- records of the beneficiary being abused before, or records of suspected abuse
- other members of the beneficiary's family being abused
- family tensions and conflicts

Factors which have been shown to increase the chance of abuse include:

- organic brain injury (lower mental function due to illness)
- cognitive impairment (someone having trouble with memory, thinking skills or making decisions)
- physical, mental or emotional dysfunction, especially depression, recently losing a partner, not having friends or a social network, living alone, relying on just one person for all their care/support, or not having contact with their children

7. The Trust's role in Safeguarding

We will work to prevent abuse of beneficiaries in a number of ways, including through raising awareness of abuse and by having a range of policies and processes in place that are designed to protect beneficiaries from harm and exploitation. These processes include –

- security checks that are required for accessing financial information and payments
- verification processes when bank accounts are changed,
- restrictions on payments being made into third party bank accounts,
- annual Proof of Existence checks
- regular visits through HNAs
- ensuring that part of the HNA is completed on a one to one basis with the beneficiary
- requiring independent professional oversight when a family member or friend is appointed as a Power of Attorney (although it is recognised that this must be handled sensitively, recognising the valuable role of family members in understanding and supporting beneficiaries' needs).

- reviewing annual expenditure where beneficiaries are struggling to live within their means to consider if there is evidence that grants are being spent to meet needs of beneficiaries as opposed to needs of others

We recognise that for many beneficiaries these additional checks and processes may seem onerous and unnecessary but they are a very important part of our approach to safeguarding, with proven effectiveness.

We will also make people aware of the legal safeguards that exist - such as lasting powers of attorney and the services of the Court of Protection - however we will not rely on these legal safeguards alone to protect beneficiaries from abuse.

We will work to identify and respond to suspicions and/or allegations of abuse of beneficiaries by

- Identifying a Safeguarding Lead (and appropriate deputy or deputies) from within the staff team
- Identifying two Trustees to act as safeguarding leads to provide advice, guidance and support to the Management Team if required
- Adhering to the Trust's Safeguarding Policy and ensuring that it is supported by robust procedures
- Following good practice in recruitment and selection processes to minimise the opportunity for unsuitable people to work or volunteer with beneficiaries: this will include requiring DBS for specific staff and volunteer roles (in line with the Trust's agreed DBS process) and ensuring references are taken up
- Having procedures in place for the effective induction, management, support, supervision and training of staff and volunteers
- Working closely with relevant authorities and other agencies, including adult social services and police
- Identifying where beneficiaries may be more at risk of abuse than others and including them on the Trust's 'case management register' to ensure that the Trust is providing the appropriate levels of support to help manage this
- Ensuring that all staff and volunteers are briefed on the Safeguarding Policy and procedures and that channels for raising concerns are transparent and easy to access
- Arranging formal, external safeguarding training for key staff (including the Safeguarding Lead and identified deputies)
- Reviewing our Safeguarding Policy and procedures and other relevant policies at least once every two years to ensure that they are fit for purpose.

We will respond to reports or suspicions of abuse in a number of ways

- By taking action in accordance with the procedure below in response to allegations raised by the beneficiary (disclosure of abuse) or another person (whistleblowing)
- By taking action in accordance with the procedure below in response to concerns identified by a member of staff or a volunteer (suspicions of abuse)
- By working in partnership with other agencies, including adult social services and the police when we identify, or are made aware of, concerns

- By ensuring regular contact – including face to face visits - with beneficiaries where we are aware that abuse has happened in the past or where we feel there is a risk that abuse might happen.

8. How the Trust will deal with concerns of abuse

It is not the responsibility of anyone working within the Trust in a paid or unpaid capacity to decide whether or not abuse has taken place as this is the role of the Local Authority (or the Office of the Public Guardian where there is an attorney or court appointed deputy).

Local Authorities (usually Adult Social Care departments) hold the lead responsibility for establishing and coordinating the local framework for safeguarding adults in line with Government guidance. They will act on any concerns raised and decide on the appropriate action to be taken in each case.

However we will take steps to ensure that any report made to any statutory body is investigated and that we are aware of the outcome and any decisions made in respect of the alleged abuse. We will keep in touch with the relevant authority to monitor progress and ask to be kept informed of proceedings and involved in any investigation as far as possible. Unfortunately we have no formal right to this involvement but we will make all reasonable endeavours on behalf of the beneficiaries.

8.1 Procedure where abuse is disclosed

It is the responsibility of all staff, volunteers and Trustees to act and to pass on any and every disclosure or allegation of abuse to a responsible person or agency and to ensure that they act in line with the Trust's Safeguarding Policy and procedures. This applies whether the person subject to the disclosed abuse is a beneficiary or not – for example they may be a spouse, carer, child or any other person (see section 13 below).

When a disclosure of abuse is made care should be taken to explain to the beneficiary who is considered to be subject to the abuse the procedure that will be followed. The Trust's confidentiality policy will be adhered to in all circumstances, however, promises of absolute confidentiality cannot and must not be given as this may conflict with the need to ensure the safety and welfare of the individual.

If a disclosure of abuse is made during an HNA the first priority should always be to ensure the safety and protection of the beneficiary and the member of staff undertaking the HNA or visit. This may necessitate the abuse being immediately reported to emergency services.

A full record should be made as soon as possible as to the nature of the abuse that has been reported and any other relevant information. This should be recorded on the Reported Abuse Pro forma (Attachment 2) and must include as much information as possible in relation to the date, the time and place where the alleged abuse happened, the name of the person undertaking the HNA and the names of others present when the abuse is reported, the name of the adult who has allegedly been abused and the account which has been given of the allegation.

The Safeguarding Lead will then assess whether a referral is needed in order to achieve the best outcome for the beneficiary and, if so, make the referral usually to the local Safeguarding Adults Team or the Emergency Social Care Duty Team (for the locality in which the adult at risk lives). In order to assess the situation fully the Safeguarding Lead may need to speak to the beneficiary, staff member/volunteer or witnesses and may consult the management team and/or trustee safeguarding leads.

The Safeguarding Lead will also ensure that any necessary support is provided to the beneficiary who experienced the alleged abuse and to the individual who raised the concern

(if they are not the same person) and ensure that they are kept informed regarding any actions taken by the Trust.

A written record of the actions taken will be maintained on Salesforce and a timescale for any follow up identified. This will include adding the beneficiary to our case management register.

Once a referral is made to the relevant authority the Safeguarding Lead will ensure that details of the person who is leading on the investigation on behalf of the investigating authority are recorded on the safeguarding record on Salesforce and that regular contact (at least weekly) is maintained to ensure that the investigation is being progressed and the Trust is kept informed of progress, involved in the investigation and informed of any decisions and outcomes.

The process for dealing with disclosure of abuse is illustrated in a flow chart (Attachment 1).

8.2. Procedure where abuse is suspected

When there is a suspicion that a beneficiary is being, or has been, abused, it is important that the concern is formally recorded on the Trust database (in the Safeguarding field on Salesforce) and the concerns are reported in detail using the Suspected Abuse Pro forma (Attachment 4) to the Safeguarding Lead.

The Safeguarding Lead will consider whether the concern falls within the definition of abuse as outlined in this policy and decide whether any immediate action is required.

The first priority should always be to ensure the safety and protection of the beneficiary and this may necessitate the suspicions being immediately reported to emergency services. If this is the case, then the beneficiary should be informed as soon as is practical, unless the emergency services specifically advise against this.

For any type of suspected abuse, consideration will be given to the need to safeguard the financial position of the beneficiary and the Safeguarding Lead will consider whether action is required to prevent or limit further access to Trust funds.

If no immediate action is required, the Safeguarding Lead will assess the situation and discuss it, if necessary, with the staff member/volunteer who suspects abuse, the beneficiary and/or the Management Team or trustee safeguarding leads.

If a (non-emergency) referral to an external agency is indicated in order to achieve the best outcome for the beneficiary, consideration should be given to whether the suspicions are discussed with the beneficiary and an explanation of the action that we plan to take is given before making a referral to the appropriate agency. Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the beneficiary.

If internal action is indicated (for example gathering of further information, a visit by a member of staff) this will be actioned as soon as possible.

All referrals and internal actions will be recorded by the Safeguarding Lead and a timescale for any necessary follow up also noted. This will include adding the beneficiary to the Trust's case management register if they are not already included on it.

The Safeguarding Lead will also ensure that any necessary support is provided to the individual who raised the concern and ensure that they are kept appropriately informed regarding any actions taken by the Trust.

If a referral is made to the relevant authority the Safeguarding Lead will ensure that details of the person who is leading on the investigation on behalf of the investigating authority are recorded on the safeguarding record on Salesforce and that regular contact (at least weekly)

is maintained to ensure that the investigation is being progressed and the Trust is kept informed of progress, involved in the investigation and informed of any decisions and outcomes.

The process for dealing with disclosure of abuse is illustrated in a flow chart (Attachment 3)

9. Further Action by the Trust

In a number of recent safeguarding incidents we have found that the local authority has failed to follow its own procedures in investigating the abuse and that this has resulted in the beneficiary continuing to suffer harm, or experiencing further financial loss. As a result, we have identified a number of additional safeguards that can be implemented. These may also be applied where the local authority decides the abuse does not meet the threshold for action or is unable to investigate the matter effectively for any other reason.

In these circumstances we may take additional action to protect the beneficiary in one or more of the following ways:

- Applying conditions to access funds held by the Trust (e.g. the use of password, or a move to monthly payments)
- Requiring an Immediate Needs Assessment be undertaken by an independent case manager/visitor identified by the Trust
- Requiring the appointment of an independent professional to provide financial oversight
- Requiring the appointment of an independent professional advocate
- Taking independent legal advice and taking any action that is advised
- Requiring annual or more frequent face to face visits with the beneficiary

The cost of these interventions may be funded by the Trust in the first instance however we would always seek to get the beneficiary or their deputy/attorney's approval and the costs will generally be reclaimed from the beneficiary's funds.

10. Allegations involving Trust staff, trustees or volunteers

Any allegation against a member of Trust staff or a Trust volunteer will be brought to the immediate attention of the Director. If an allegation is made against the Director or a trustee this should be reported to the Chair or Vice Chair of Trustees.

The Director or (Vice) Chair will consider the situation and, if appropriate, refer to the relevant Safeguarding Team or agency. A decision may also be made to suspend or remove from active service the employee, volunteer or Trustee pending the outcome of any investigation.

In addition, the Director and Chair of Trustees should assess whether the safeguarding case meets the Charity Commission's criteria for a 'serious incident' and, if so, should ensure that it is reported to the Charity Commission as soon as is practical.

11. Beneficiaries Who Lack Capacity

Where beneficiaries have reduced capacity they are particularly at risk of abuse and often require additional protection as a result of their high levels of disability and access to significant levels of grant funding. A dedicated member of staff has been employed to oversee these beneficiaries and additional safeguards are in place to protect them which are set out in the Trust's Policy for Beneficiaries Who Lack Capacity.

Where safeguarding concerns are raised with the Office of the Public Guardian, either Safeguarding Lead or the Health & Wellbeing Co-ordinator (Complex Cases) will be nominated to keep in touch with the ongoing investigation and may recommend that the Trust takes further action to protect the beneficiary, for example suspending payments to the deputy.

12. Overseas beneficiaries

It is recognised that beneficiaries living overseas may not be subject to the same legal and statutory arrangements as those living in the UK. However it is important that the staff and volunteers remain alert to any possible abuse and that this is reported so that the Safeguarding Lead can assess what action if any is needed.

13. Reported or suspected abuse involving a non-beneficiary

If, whilst undertaking activities on behalf of the Trust, a member of staff, a volunteer or a Trustee is notified, or suspects, that an adult at risk or a child who is not a beneficiary (for example a family member) is being abused they should take action to protect that individual by reporting the (suspected) abuse to either emergency services or the Local Authority Safeguarding Team, as appropriate. If the staff member, volunteer or Trustee is unsure how to report the abuse or requires further advice, they should contact the Trust's Safeguarding Lead.

14. Sharing Information

We manage information in line with the law and with our values. We handle sensitive personal information about beneficiaries including financial and health information. When safeguarding adults at risk we may need to share personal or sensitive information with another organisation. We will only do this where the law supports this and where sharing this information is in the best interests of the adult at risk including where it may prevent a crime taking place.

15. Monitoring Safeguarding Referrals

A report of Current safeguarding cases will be made to Trustees at each full Directors Meeting.

An Annual Review of Safeguarding Cases report will be provided to Trustees once a year.

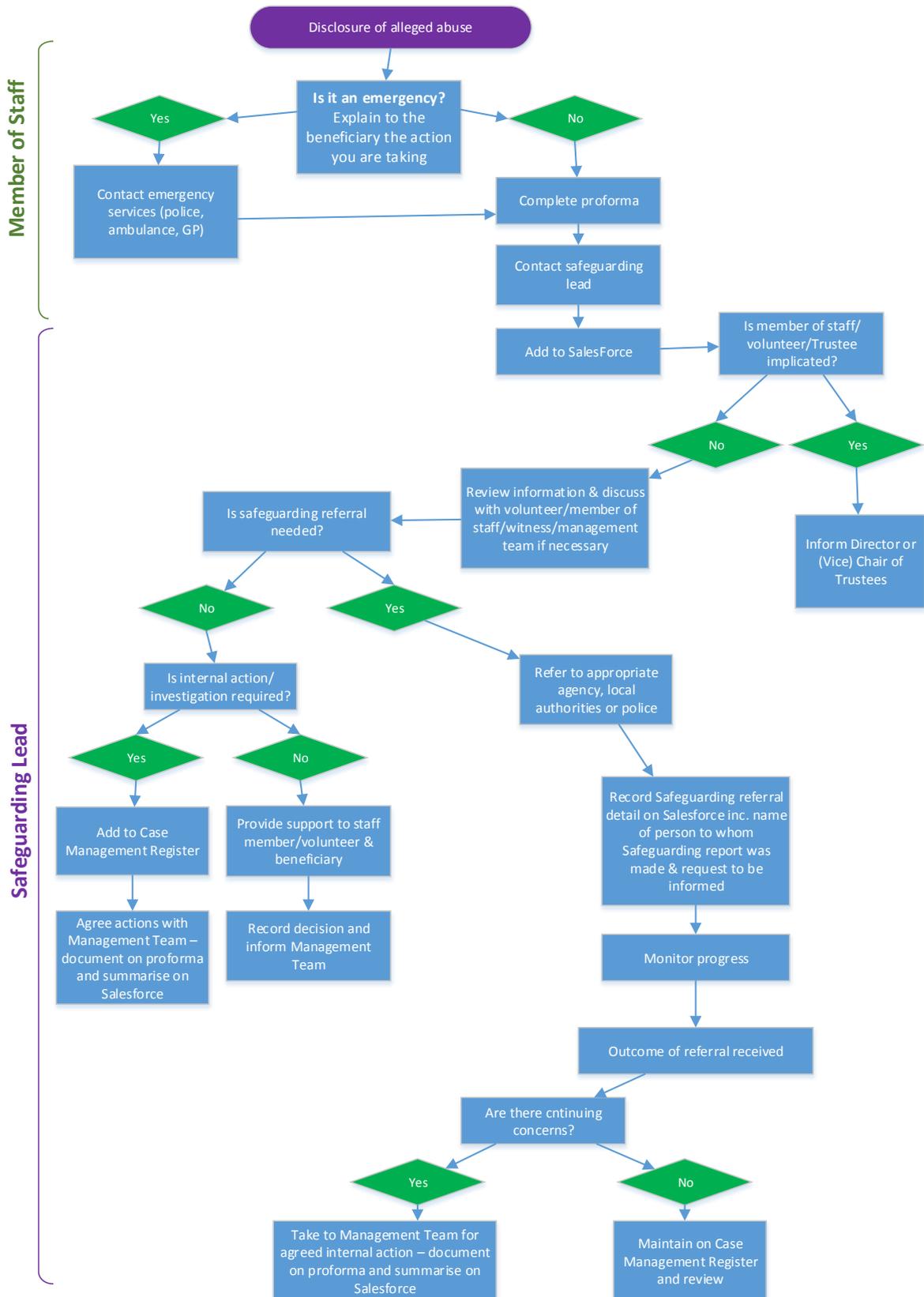
An Annual Overview of Safeguarding Issues Report will be made to the NAC once a year.

16. Attachments:

There are a number of attachments which are integral to this policy:

- Attachment 1 Flowchart -Process for dealing with reported abuse
- Attachment 2 Pro forma for recording reported abuse and action taken
- Attachment 3 Flowchart - Process for dealing with suspected abuse
- Attachment 4 Pro forma for recording suspected abuse and action taken

ATTACHMENT 1 - FLOWCHART -PROCESS FOR DEALING WITH REPORTED ABUSE



ATTACHMENT 2 - PRO FORMA FOR RECORDING REPORTED ABUSE AND ACTION TAKEN

<p>Name of beneficiary</p>	
<p>Name of Person making the Disclosure (if different)</p>	
<p>Detailed account of abuse (please provide as much detail as possible, use the same words/language as far as possible and include name(s) where given)</p>	
<p>Date/time that alleged abuse occurred (or time period/duration)</p>	
<p>Did anyone else witness the abuse or is anyone else aware of it? (if so, please provide contact details)</p>	
<p>Has the abuse been reported to anyone else? (If so, please provide detail of the person to whom it was reported and the date and time)</p>	
<p>Was anyone else present at the time the abuse was reported to you? (if so, please provide contact details)</p>	
<p>Your name:</p>	
<p>Date:</p>	

Summary of action taken

Action	Y/N	Who	When	Comments/Notes
Concerns raised with beneficiary				
Emergency Services Contacted				
ProForma completed				
Safeguarding Lead Contacted (or other MT member)				
Discussed with beneficiary				
Recorded on Salesforce				
External Referral Made				
Referred to Management Team				
Added to Case management Register				

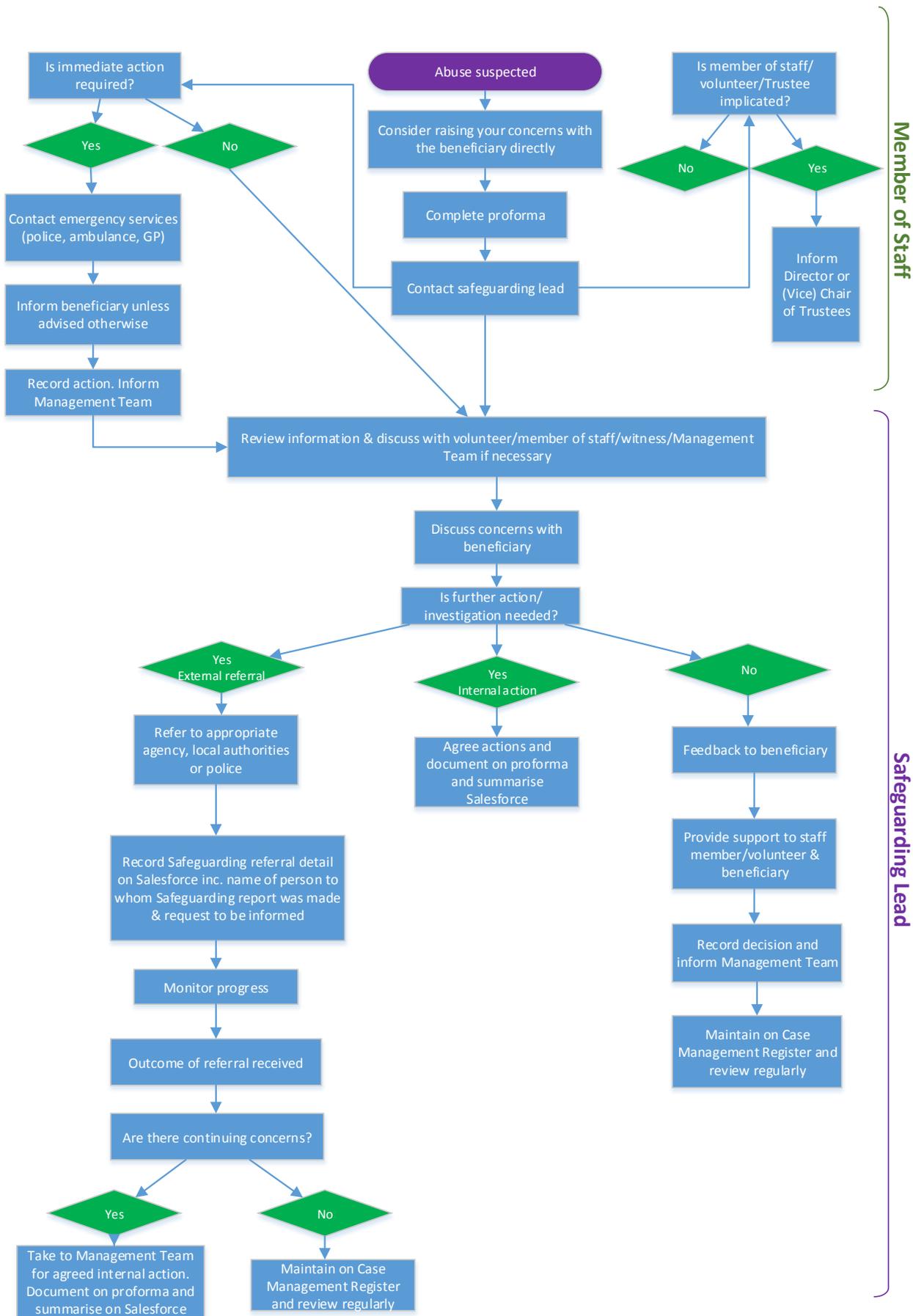
Details of Agreed Internal Actions

Action	Target Date	Who	Completed (date)	Outcome/Notes

Review Notes

Date of Scheduled Review	Date Review took place	Notes Of Review & Agreed Actions

ATTACHMENT 3 -FLOWCHART - PROCESS FOR DEALING WITH SUSPECTED ABUSE



ATTACHMENT 4 - PRO FORMA FOR RECORDING SUSPECTED ABUSE AND ACTION TAKEN

<p>Name of beneficiary</p>	
<p>Indications/Concerns that may indicate abuse (please provide as much detail as possible and any evidence/supporting information)</p>	
<p>Is the beneficiary aware of your suspicions? (have you shared your concerns with them? (if so give details with date and time) How did they react?)</p>	
<p>Have you discussed the suspected abuse with anyone else? (if so, please provide details with dates and times)</p>	
<p>Any other relevant information?</p>	
<p>Your name:</p>	
<p>Date:</p>	

Checklist of action taken

Action	Y/N	Who	When	Comments/Notes
Concerns raised with beneficiary				
Emergency Services Contacted				
ProForma completed				
Safeguarding Lead Contacted (or other MT member)				
Discussed with beneficiary				
Recorded on Salesforce				
External Referral Made*				
Referred to Management Team				
Added to Case management Register				
Internal Actions Agreed & Recorded				
*External Referral Outcome Received				

Details of Agreed Internal Actions

Action	Target Date	Who	Completed (date)	Outcome/Notes

Review Notes

Date of Scheduled Review	Date Review took place	Notes Of Review & Agreed Actions